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APPLICANTS

Yoshikazu Tanaka, Yokohama, JAPAN;

Daniel Scharff, San Leandro, CA;
Christopher Dews, Fremont, CA;** CONTINUING DATA ***** *None*** FOREIGN APPLICATIONS ***** *Yes*
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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY JAPAN	SHEETS DRAWING 14	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>Yes</i>				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials		

ADDRESS
 Tyco Technology Resources
 Suite 140
 4550 New Linden Hill Road
 Wilmington, DE
 19808-2952

TITLE
 Acoustic wave touch detecting apparatus

FILING FEE RECEIVED 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input checked="" type="checkbox"/> All Fees <input checked="" type="checkbox"/> 1.16 Fees (Filing) <input checked="" type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input checked="" type="checkbox"/> 1.18 Fees (Issue) <input checked="" type="checkbox"/> Other _____
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